NAME OF CITY	TELEPHONE NUMBER
4000500	710.0005
ADDRESS	ZIP CODE
	and the second second of second and interested lines
The city requests authorization to conduct the necessary	ary review and approval of sewer and interceptor lines
within the sewer system tributary to the, (NAME OF SEWAGE TREATMENT PLANT)	
·	(NAME OF SEWAGE TREATMENT PLANT)
which is operated under state issued operating permit no.	MO
The city has an engineering staff of full-	time employees to conduct the necessary review and
approvals. A copy of the standard specification utilized by	the city are:
Attached to this application: \Box	
On file with the department: \Box	
SIGNATURE	DATE
PRINT NAME	
THE TOTAL	THEE